United Nations E/ICEF/2016/P/L.32

Economic and Social Council

Distr.: Limited
15 July 2016

Original: English

For decision

United Nations Children's Fund
Executive Board
Second regular session 2016
14-16 September 2016
Item 5 (a) of the provisional agenda*

Country programme document

Oman

Summary

The country programme document (CPD) for Oman is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $0 from regular resources and $4,508,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2017 to 2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2016.

* E/ICEF/2016/13.

16-12278 (E) 050816

Please recycle

Programme rationale

1. Oman is a high-income country with a population of 4.2 million. Economic stability and income growth over the past four decades have been accompanied by rapid reductions in child and maternal mortality, universal child immunization and universal primary education, and by a strong political will to address the rights of women and girls. The country is classified as having high human development, and was ranked in the United Nations Development Programme Human Development Index as 52 out of 188 countries in 2014. Oman achieved Millennium Development Goal 4 to reduce child mortality, with infant and under-five mortality rates in 2014 respectively at 7.7 and 10.7 deaths per 1,000 live births.[1] These rates are comparable to many countries in the Organisation for Economic Co-operation and Development and they are a fraction of the regional average.[2] Dramatic improvements in health services since the 1970s have led to a drop in infectious childhood diseases and Oman was declared free of iodine deficiency disorders in 2015. Despite the rapid pace of growth, there are significant disparities across the country's 11 governorates and emerging vulnerabilities that affect the rights of children.

2. Despite universal coverage of antenatal care, supervised deliveries and postnatal care[3], the maternal mortality rate is higher than in the other Gulf countries, which points to issues related to the quality of services and a lack of awareness about pregnancy risks. According to 2012 figures, maternal anaemia affects more than 1 in 4 pregnant women[4] and 1 in 10 infants have low birthweight, with these rates consistent across governorates.[5]

3. Oman has met the Millennium Development Goal 1 target to halve the prevalence of underweight among under-five children. The rate of stunting in 2015, while low at 14 per cent, has increased from 10 per cent in 2009.[6] The wasting prevalence of 7.5 per cent is a cause for concern[7] and suggests that infant and young child feeding practices are suboptimal and that there are challenges relating to hygiene and diarrhoea.[8] The rates of stunting and wasting among under-five children also show marked disparities by region, with children in the Musandam, Al Sharqiyah North, Al Sharqiyah South and Al Wusta governorates experiencing rates up to fivefold higher for stunting and fourfold higher for wasting than other governorates.[9] Iron deficiency anaemia affects half or more of all children of all age groups. While there are minimal differences by sex, more than 60 per

[1] National Centre for Statistics and Information (NCSI) and UNICEF, Oman, Multiple Indicator Cluster Survey (MICS), 2014, Oman, p. 8.
[2] In 2011, regional averages in the Middle East and North Africa region were 36 and 28 deaths per 1,000 live births, respectively, for infants and children under five.
[3] NCSI and UNICEF, MICS, 2015, p. 7.
[4] Government of Oman (GoO)-UNICEF, A Rights-Based, Equity-Focused Situation Analysis of Children and Women, 2015. The incidence of maternal anaemia is 27% in 2012, down from 37% in 2000, but with rates are high as 32% in Al Batinah North and Musandam governorates.
[5] NCSI and UNICEF, MICS, 2015, p. 6.
[6] World Health Organization (WHO), Stunting Policy Brief, 2014. Even at low levels, the effects of stunting and wasting on young children are serious. Stunting before the age of 2 years predicts poorer cognitive and educational outcomes. Stunting can reduce a country's gross domestic product by up to 3%.
[7] NCSI and UNICEF, MICS, 2015, p. 5; WHO Global Database on Child Growth and Malnutrition, Cut-off points and summary statistics, December 2015.
[8] GoO and UNICEF, Situation Analysis, 2015, p. 30. The diarrhoea incidence rate among children under five years is 12 per cent (MICS, 2015). In 2012, diarrhoea rates in Al Sharqiyah North, Al Sharqiyah South, Al Wusta and Musandam ranged from 35 per cent to 46 per cent.
[9] GoO and UNICEF, Situation Analysis, 2015, pp. 44-45. In 2009, rates for underweight, stunting and wasting were all up to 2 per cent higher for males than for females.

cent of all children in Batinah South, Dakhiliyah and Musandam governorates have anaemia.[10] Care-seeking behaviours also need to be urgently strengthened; only 1 in 2 households with children with diarrhoea or acute respiratory infections seek treatment from health providers.[11]

4. While education for young children has expanded, fewer than 1 in 3 children ages 3 to 4 years participate in an early childhood education programme, and just over half of 5-year-olds are enrolled in pre-primary education.[12] The early childhood development (ECD) index rate[13] is 68 per cent, which lags behind countries with comparable incomes. The demand for early childhood education programmes is outstripping the available public and private services, which are mainly located in larger cities. Children from low-income families and children in rural and remote areas do not have equal access to quality public services for early childhood education.

5. In primary and secondary education, Oman has achieved near-universal coverage and gender parity.[14] The country has also achieved universal literacy rates among young people aged 15 to 24 years. The adult literacy rate was 87 per cent in 2011, ten points higher than the regional average. [15]

6. Despite this progress, learning outcomes fall below expectations in literacy, science, and mathematics[16] and there are sizeable disparities between students from richer and poorer households, and between those from urban and remote rural areas. This is paired with an unfinished agenda to improve the well-being of young children. Combined, these factors depict a situation where many young children do not arrive at school ready to learn. This is a particular concern in underserved areas of the country where children experience multiple deprivations, such as Al Batinah North, Al Batinah South, Musandam, Al Sharqiyah North, Al Sharqiyah South and Al Wusta

7. A lesson from the previous programme was that results for children were impeded by gaps in cross-sectoral coordination and effective referral between health, education and other social services.[17] Consultations for this country programme highlight the Government's desire to strengthen cross-sectoral service delivery and monitoring at the local levels.

8. An estimated 1 per cent of children below the age of 15 (7,500 children) have disabilities. Oman has a range of specialized and mainstream services for children with

[10] GoO and UNICEF, Situation Analysis, 2015, p. 44-49.
[11] NCSI and UNICEF, MICS, 2015, p. 4.
[12] NCSI and UNICEF, MICS, 2015, p. 9. 29% of children aged 36-59 months attend an early childhood education programme. GoO-UNICEF, Situation Analysis, 2015, p. 58. Gross pre-primary enrolment was 54% in 2012.
[13] The ECD Index in Oman is below that of Iraq (72%) and Tunisia 76%).See: www.unicef.org/earlychildhood/files/MICS4_Regional_Data_Analysis_-_WCAR_-_12_July_2013.pdf.
[14] GoO and UNICEF, Situation Analysis, 2015, p. 99. The gender parity index is in favour of girls from grades 1 to 12.
[15] GoO and UNICEF, Situation Analysis, 2015, pp. 64-65.
[16] GoO and UNICEF, Situation Analysis, 2015, p. 73. In the 2011 Progress in International Reading Literacy Study, reading scores for Grade 4 students were in the lower half of the global ranking. In the 2011 Trends in International Mathematics and Science Study, Grade 8 students scored in the bottom fifth of participating countries for mathematics.
[17] GoO and UNICEF, The Mid-Term Review Report, Government of Oman-UNICEF Country Programme 2012-2015, 2014, p.11.

disabilities, [18] however most are limited to major cities, require fees and are provided by non-governmental organizations or private providers, and are of variable quality. As costs are the main barrier to expansion outside the main cities, the Government needs new options to expand quality public services for children with disabilities to prevent or identify and to intervene as early as possible.

9. Oman has many approaches to protecting children from violence, which are reflected in the Oman Child Law, the National Childhood Strategy and the National Strategy for Child Maltreatment. However, the data are inadequate to define the scale and scope of child maltreatment.[19] The reasons include the lack of a case notification system, stigmatization, and culturally accepted practices that are not recognized as maltreatment. Between 2007 and 2013, there were 484 cases of child maltreatment reported to health services but regional trends suggest that the problem may be larger.[20] Girls experience a higher prevalence of emotional abuse and neglect and are at a higher risk of sexual abuse than boys, who are at greater risk of severe physical punishment. Children with disabilities are also more vulnerable to maltreatment.[21]

10. Critical gaps are: (a) a coordinated cross-sectoral approach to child protection, (b) a comprehensive data system on child disability across ministries to guide planning and strengthen case management, and (c) effective communication strategies to promote positive parenting and discipline.[22]

11. The challenges described above demonstrate significant disparities between and within governorates in access to and quality of services for children, especially vulnerable children. They share several common barriers and bottlenecks that impede the achievement of equitable results for children:

(a) Weaknesses in the design, implementation, budgeting and monitoring of cross-sectoral approaches. This is combined with capacity constraints at the provincial and local levels to deliver quality services.

(b) The need for more robust data for planning and monitoring programmes and plans, including behavioural and qualitative data, as well as data on the quality and sustainability of services received.

(c) Specific gaps in laws, policies and regulatory frameworks that offer a focused agenda for legal and policy advocacy for children.

(d) Critical knowledge and behaviour gaps among service providers, parents and caregivers that impede the demand for quality services. These two factors are as important as wealth or infrastructure. For example, governorates with the highest per capita consumption do not always have the best indicators for young child health and nutrition.

---

[18] GoO and UNICEF, Situation Analysis, 2015. The institutional framework in Oman for people with disabilities includes the 2008 Law on the Welfare and Care of Persons with Disability and the National Plan for the Care of Children with Disabilities, still under development. The 2014 Child Law also promotes the rights of children with disabilities.

[19] Ministry of Health (MOH) and UNICEF, National Strategy for Child Maltreatment, 2015. A 2005 survey revealed that 1 in 3 school-age children have reported being bullied. Around a fifth of boys and a tenth of girls reported being hit, kicked, pushed, shoved around or locked indoors.

[20] MoH and UNICEF, National Strategy for Child Maltreatment, 2015, p. 13.

[21] MoH and UNICEF, National Strategy for Child Maltreatment, 2015, p. 14. Physical violence against children with disabilities in the home, school and workplace is the most common form of violence against these children. These children are 3.6 times more likely to be victims of physical violence than children without disabilities.

[22] MOH and UNICEF; National Strategy for Child Maltreatment, 2015, pp. 20-25.

12. In the context of a high-income country, a lesson from the previous country programme was that UNICEF concentrate its efforts on a few priorities where it can bring game-changing knowledge and expertise. The Government of Oman and UNICEF have identified three such programme priorities where UNICEF is uniquely positioned to support the government's efforts: (1) integrated early childhood development (IECD); (2) protecting children from violence; and (3) inclusion of children with disabilities.

13. These priorities respond to the situation analysis and to government requests from the mid-term review for a greater focus on ECD and support for more effective implementation of child-centred strategies and plans to reach the most vulnerable children, such as children with disabilities and children at risk of maltreatment.[23] They are aligned with the emerging goals of the National Five Year Plan 2016–2020 and they respond to the unfinished Millennium Development Goal agenda in Oman to ensure that young children are developmentally on-track and ready to learn. The priorities are aligned with the Sustainable Development Goals and with UNICEF Strategic Plan priorities. Programme cooperation offers opportunities to further South-South collaboration on models for IECD (in Singapore and Thailand), and social policy reform (in Viet Nam), and it holds the potential to establish a regional centre of excellence on disability

14. Challenges not covered by these priorities; such as maternal health, adolescent health and life skills, and the quality of education at primary and tertiary levels; are being adequately addressed by the Government, in partnership with the World Health Organization (WHO), the United Nations Population Fund (UNFPA) and the World Bank, among others.

Programme priorities and partnerships

15. The Government of Oman-UNICEF country programme aims to ensure that young children are ready to learn and thrive, that vulnerable children are protected and respected in their homes and communities, and that children with disabilities are cared for and supported to reach their full potential. To address the barriers and bottlenecks to the achievement of results in these areas, the country programme will support the Government and other partners to pursue an equity agenda , utilizing the following strategies:

(a) Use the proven convening role of UNICEF to advocate for stronger links between the State and Shura Councils and key implementing ministries. This will sustain the implementation of major policy initiatives for children and strengthen oversight and accountability to children and their families vis-à-vis national policy goals and standards.

(b) Respond to a weaker fiscal situation by demonstrating cost-effective options to sustain and improve the quality and coverage of services for all children, within existing budgetary constraints. Where austerity measures are required, UNICEF will also provide advice on how to mitigate the effects of cuts to social sector spending on vulnerable families and children.[24]

(c) Operationalize existing government policies and strategies and build new capacities for effective, cross-sectoral approaches at the local level. The programme will

[23] GoO and UNICEF, The Mid-Term Review Report, 2014, pp. 11-13.

[24] These include children from low-income families (including female-headed households and parents with precarious work, children with disabilities, children in need of special protection and children living in isolated locations. The definition of vulnerable families may be found in the Government of Oman National Social Work Strategy 2016-2025 (draft), p. 16.

pilot new approaches and develop scalable models in a few underserved areas where many children are experiencing multiple deprivations.

(d) Facilitate a more systematic, evidence-based approach to design, budget, deliver and monitor government programmes, using targeted research and data disaggregated by region, sex and household income.[25]

(e) Support the design and delivery of communication for development strategies, tailored to the Omani context, that promote positive behaviour change for critical childcare practices.

(f) Strengthen partnerships with the private sector, including individual donors and corporate partners, to secure additional resources for children.

16. With the National Five Year Plan 2016–2020, which is expected to be finalized in late-2016, as well as the Sustainable Development Goals indicator framework, UNICEF will support the Government to contextualize the indicators and targets for child rights. UNICEF will also help to examine how the expected impacts of climate change will affect child well-being. For example, the rise in sea levels is expected to affect some underserved governorates, such as Al Wusta, where children already experience multiple deprivations. Climate change is also expected to seriously affect the supply of safe water.[26]

Integrated early childhood development

17. The programme for IECD will address the major barriers that contribute to stunting, wasting and anaemia, and the need for improved feeding practices and care-seeking behaviours. It will expand the coverage and quality of public IECD services, with a focus on reaching vulnerable groups of children in underserved areas. Efforts will cut across government sectors for health and nutrition, education and social development, for more coherent and streamlined delivery of services for young children and greater accountability by service providers. Two governorates will be selected, in consultation with government partners, to develop and pilot cost-effective options to deliver quality IECD services across existing service channels and settings.

18. The programme will contribute to the National Five Year Plan priority to ensure that preschool-age children are prepared to learn and thrive at school. It will also contribute to the achievement of the Sustainable Development Goal targets to: reduce the under-five mortality rate (target 3.2) and the prevalence of stunting among children under age 5 (2.2), and to ensure all girls and boys have access to quality ECD, care and pre-primary education (4.2).

19. Priority results and strategies will:

(a) Streamline and operationalize the delivery and monitoring of IECD services at local levels, with a focus on children ages 0 to 4, and especially low-income and other

[25] Key data gaps are: children receiving a minimum acceptable diet; care-seeking behaviours for acute respiratory infections and diarrhoea; attendance in early childhood education; the number of children that experience violent discipline; the number of children with disabilities; and the coverage and quality of specialized care and education services.

[26] Sultanate of Oman, Initial National Communication under the United Nations Framework Convention on Climate Change, Ministry of Environment and Climate Affairs, October 2013.

vulnerable children.[27] Services will include maternal health and nutrition, and health and nutrition services for young children, including immunization, management of childhood illnesses and integrated young child feeding practices, and creating links with early childhood education services in preschools and community centres. To address the shortage of trained caregivers, UNICEF will support efforts to develop an accredited training programme for IECD providers. Links will be forged with improved services to respond to children with disabilities and child maltreatment under the other two programmes. To strengthen the continuum of support to primary schools, UNICEF will advocate with the Ministry of Education and other government departments to increase access to public kindergartens for five-year-olds, using a standard, high-quality curriculum.

(b) Ensure the availability and use of high-quality, inclusive parenting education and support programmes. This will increase parent and caregiver awareness about the importance of the early years and the critical demand-side behaviours that continue to lag: (i) care-seeking, (ii) early stimulation and play in the home, and (iii) positive parenting and discipline.

20. Major assumptions for programme success are that: (a) Political support for ECD is manifested in the National Five Year Plan 2016–2020; and (b) stakeholder ministries commit to a multisectoral approach and allocate sufficient staff and resources for effective implementation.

21. The main programme partners are: the State and Shura Councils, the Supreme Council for Planning, the Ministries of Education, Endowment and Religious Affairs, Health, and Social Development, the National Centre for Statistics and Information, the Research Council, private sector companies and business associations, and civil society organizations and networks.

Protecting children from violence

22. The programme will address important barriers that prevent the coordination and delivery of effective services to prevent, identify and intervene in cases of child neglect and abuse. The capacities of institutions and service providers will be strengthened to operationalize the National Childhood Strategy and the National Strategy for Child Maltreatment, and to support the delivery of inclusive child protection services focusing on violence against children that offer a continuum of care from prevention through to response and monitoring.

23. The scarcity of data about the situation of and trends related to children in need of special protection[28] is a major barrier to improving protection services. Violence against children largely goes unreported and too often there are accepting attitudes towards the use of violence discipline in schools and homes. Effective and culturally sensitive communication and education strategies are needed to promote positive parenting and

[27] GoO-UNICEF, Situation Analysis, 2015, p. 48. Early childhood education services in Oman vary widely in institutional set-up and requirements. There is insufficient data to judge the extent to which the services also fulfil the requirements for IECD. Many of the programmes, although provided by private entities, are under the direct supervision of the Ministry of Education and the Ministry of Social Development (kindergartens and pre-kindergartens, respectively). The Ministry of Endowment and Religious Affairs supervises the Qur'anic schools or Madrassas for young children. The different types of pre-primary services cover different age groups of children from 3 to 6 years.

[28] Especially: children without out primary caregivers; children in conflict with law; conditions of the estimated 3 per cent of working children ages 15-19.

alternatives to violent discipline. Strategies must also address the different kinds of violence and abuse faced by young children and adolescents, both girls and boys. For example, the risk of cyberbullying and aggressive social media behaviour is increasing for adolescents.[29]

24. The programme will respond to the Concluding Observations of the Committee on the Rights of the Child[30] and contribute to National Five Year Plan priorities to: (a) implement awareness programmes on safe and responsible parenting; (b) enhance social and family values for the care of children, including children with disabilities; and (c) strengthen child protection programmes to comply with the Child Law. It will also contribute to the targets of the Sustainable Development Goals to: adopt nationally appropriate social protection systems and policies (1.3, 10.4); end violence against children (16.2); and promote non-discriminatory laws and policies (16.b).

25. Priority results and strategies will:

(a) Develop a coherent set of protocols for the protection of children from violence, abuse and neglect. This includes effective referral and collaboration with other statutory actors such as the police and courts, and effective monitoring and quality assurance mechanisms.

(b) Support child protection committees at governorate and wilayat (province) levels to become operational, implement the protocols and strengthen monitoring for greater accountability to vulnerable children and their families.

(c) Provide expertise to design and implement an integrated management information system for child protection services.

(d) Assist the Ministry of Education to develop and implement school regulations to identify and refer cases of violence against children, manage violence in schools and create inclusive learning environments.

(e) Change the attitudes and behaviours of parents, caregivers and service providers to halt the use of violent discipline and provide the knowledge and skills to recognize the danger signs and symptoms of child maltreatment. The Government and UNICEF will partner with youth-serving clubs and organizations to promote messages about non-violence and to reach out with communication and education programmes into remote and underserved areas.

26. The major assumptions for programme success are that: (a) Current levels of government spending on health, nutrition and child protection services are sustained; and (b) the Government will commit to a process that will promote the visibility of children in need of special protection.

27. The main programme partners are the same as for the integrated early childhood programme, including the Oman Human Rights Commission and the Royal Oman Police.

Inclusion of children with disabilities

28. The programme will promote enhanced care and inclusion of children with disabilities in Oman. An estimated 3,100 children with disabilities, or about half of the known number,

[29] MOH-UNICEF, National Strategy for Child Maltreatment, 2015, p. 15.
[30] Committee on the Rights of the Child: Concluding observations on the combined third and fourth periodic reports of Oman, CRC/C/OMN/CO/3-4, 14 March 2016, para. 36.

are receiving specialized care or education services.[31] However, their gender and location are not known. A major barrier to providing care to children with disabilities is the high cost of specialized services. Such services are mostly private, located in the capital and of variable quality. This situation often leads to delays in the identification of disabilities and the provision of effective early intervention support.

29. Another barrier is access to the school system and reasonable accommodation of children with disabilities. Despite a policy for inclusive education, an estimated 6,400 children with disabilities are outside the school system. The main challenge is that the number of trained and skilled teachers cannot keep pace with the expansion of services for children with disabilities.

30. As in other countries, stigma and discrimination against children with disabilities influence behaviour at the household, community and school levels. Greater public knowledge is needed about the rights of persons with disabilities. Stronger evidence will help families and service providers to understand the causes of disabilities, their prevention and appropriate care for persons living with disabilities.

31. The programme will contribute to the National Five Year Plan priorities to: (a) expand centres for children with disabilities; (b) enhance social and family values for the upbringing and care of children with disabilities; and (c) include people with disabilities in society and invest in their abilities to improve their quality of life. It will also contribute to the targets of the Sustainable Development Goals to: adopt nationally appropriate social protection systems and policies (1.3, 10.4); provide education facilities that are child, disability and gender sensitive and offer inclusive and effective learning environments (4.a); promote and enforce non-discriminatory laws and policies (16.b).

32. Priority results and strategies will:

(a) Strengthen cross-sectoral planning, with a focus on timely and high quality early identification, intervention and inclusion support for children with disabilities;

(b) Establish a training programme for teachers to include children with disabilities in schools and curriculum;

(c) Strengthen education strategies and programmes for families and service providers to promote the social acceptance and inclusion of children with disabilities;

(d) Generate stronger research and evidence about the situation of children with disabilities and improve its dissemination and use to monitor the quality and equity of services.

33. The major assumptions are that: (a) there is sustained political commitment and spending by the Government to expand and strengthen mainstream services for children with disabilities; and (b) the Government continues to prioritize equity in the delivery of services to hard-to-reach areas and for vulnerable groups. The main programme partners are same as for the IECD programme.

[31] GoO and UNICEF, Situation Analysis, 2015, pp. 82-83.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Early childhood development	0 000	1 500	1 500
Protecting children from violence	0 000	1 280	1 280
Inclusion of children with disabilities	0 000	0 872	0 872
Programme effectiveness	0 000	0 856	0 856
Total	**0 000**	**4 508**	**4 508**

Programme and risk management

34. A cross-sectoral Programme Management Group (PMG) will be established to lead implementation, ensure effective policy and technical coordination, and monitor and report on programme performance against expected results. Members are: the Ministry of Social Development (coordinating ministry), the Supreme Council for Planning, the Ministry of Education, the Ministry of Health, the National Centre for Statistics and Information and UNICEF. Government leadership for the PMG will increase the demand for information about programme performance. UNICEF will provide advice and technical support to ensure compliance with quality programming standards.

35. Major risks for the achievement of the country programme outcomes are that: (a) funding for the programme will be constrained due to fiscal pressures related to the price of oil; (b) there will be inadequate budget allocations at the local level for the expansion of services for IECD, child protection and children with disabilities; and (c) the likely occurrence of natural disasters, such as cyclones or flooding, which are more unpredictable and severe due to climate change.

36. Risks will be mitigated through advocacy and the provision of data and compelling arguments from planned evaluations about the return on investments for children; multi-stakeholder partnerships involving the State and Shura Councils, the Government, the private sector and civil society; and technical support for enhanced public financial management. In the longer run, budget shortfalls may be met by private sector fundraising.

37. This country programme document outlines the contributions of UNICEF to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

Monitoring and evaluation

38. The results and resources framework is the basis for monitoring and evaluation. The Integrated Monitoring and Evaluation Plan, complemented by a costed evaluation plan, will define priority monitoring, research and evaluation activities. Two evaluations will

investigate: (a) the effectiveness and efficiency of the IECD programme to inform government policy and financing options for scale up; (b) the programme strategy for cross-sectoral planning and support for children with disabilities to inform future government programmes and strategy.

39. Routine field monitoring and mid-year and annual reviews of the country programme will be used by the PMG to track the achievement of outputs and progress towards outcomes. This will include a comprehensive mid-term review. In addition to conducting a Multiple Indicator Cluster Survey (MICS) and updating the situation analysis of children, UNICEF will also support the National Centre for Statistics and Information to gather and disseminate data on children, disaggregated by region, sex, disability and household income. The data will focus on important equity concerns, such as access to IECD services in remote areas, the inclusion of children with disabilities in mainstream services and the situation of adolescents. A data gap analysis in 2016 will propose context-relevant Sustainable Development Goal indicators for continuous monitoring.

Annex

Results and resources framework

Oman - UNICEF country programme of cooperation, 2017–2020

Convention on the Rights of the Child: 2. Non-discrimination; 3. Best interests of the child; 6. Survival and development; 18. Parental responsibilities; 19. Protection from violence; 23. Children with disabilities; 24. Health and health services; 26. Social security; 28. Education

National priorities: Prepare preschool-age children for education; encourage the private sector to open early childhood centres across the governorates

Sustainable Development Goal targets: Reduce under-five mortality (3.2); Reduce the prevalence of stunting among children under age 5 (2.2); Ensure all girls and boys have access to quality early childhood development and pre-primary education (4.2)

Related UNICEF Strategic Plan outcome(s): 1. Health; 4. Nutrition; 5. Education; 6. Child protection; 7. Social inclusion

Government of Oman-UNICEF outcomes	*Key progress indicators, baselines, targets**	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
Integrated early childhood development **1.** By 2020, high quality, inclusive IECD services, with stronger parental and caregiver engagement, are available to all children, especially the vulnerable, in two governorates	1a. Percentage (%) of children aged 36-59 months who are attending an early childhood education programme Baseline: 29% Target: 60%	MICS Ministry of Education (MoE), Ministry of Social Development (MoSD), Ministry of Endowments and Religious Affairs (MARA) reports	1.1 An approach and mechanism developed to streamline and operationalize the delivery and monitoring of integrated IECD services, including referral between services 1.2 In targeted wilayats (provinces) of two governorates, quality IECD services that include children with disabilities, low-income and other vulnerable children, are delivered through preschools and community-based learning centres by accredited IECD workers 1.3 High quality, inclusive parenting education and support	<u>Government</u> MoSD, MoE, MoH, MARA, Supreme Council for Planning (SCP), National Centre for Statistics and Information (NCSI), State and Shura Councils <u>Other</u> Private sector companies, business associations, national media organizations, civil society organizations and	0	1 500	1 500
	1b. % of children 0 to 5 months who are exclusively breastfed Baseline: 33% Target: 60%	MICS Ministry of Health (MoH) reports					
	1c. % of children 6-23 months provided with minimum dietary diversity	MICS MoH reports					

	Baseline: 67% Target: 80%		available and implemented in underserved areas	networks			
	1d. % of children aged 0-59 months with diarrhoea receiving oral rehydration salts Baseline: 59% Target: 90%	MICS MoH reports					
Convention on the Rights of the Child: 2. Non-discrimination; 3. Best interests of the child; 4 Protection of rights; 18. Parental responsibilities; 19. Protection from violence; 23. Children with disabilities; 24. Health and health services; 26. Social security; 28. Education **National priorities**: Increase awareness on safe and responsible parenting; enhance social and family values for the upbringing and care of children with disabilities; strengthen child protection programmes to comply with the Child Law **Sustainable Development Goal targets**: Adopt nationally appropriate social protection systems (1.3, 10.4); end violence against children (16.2); promote non-discriminatory laws and policies (16.b)							
Related UNICEF Strategic Plan outcome(s): 1. Health; 6. Child protection; 7. Social inclusion							
Protection of children from violence **2.** By 2020, families, caregivers and service providers offer quality, effective protection practices and services for all children at risk of or exposed to violence.	2a. % of children aged 1-17 years who experienced any physical punishment by caregivers in the past month Baseline: NA[1] Target: 25% reduction from baseline.	MICS National Household Survey (NHHS) 2017	2.1 Regulations and guidelines are streamlined and a coherent set of protocols for the protection of children from violence, abuse and neglect are developed to regulate services and referral between departments. 2.2 Schools have regulations to identify and refer cases of violence against children, manage violence in schools, and to apply positive discipline and create inclusive learning environments. 2.3 Families and service providers are able to recognize the danger	Government MoSD, MoE, MoH, SCP, NCSI, The Research Council, Oman Human Rights Commission, Royal Oman Police Other Sultan Qaboos University, civil society organizations and networks	0	1 280	1 280
	2b. % of child protection committees at governorate and wilayat (province) levels that implement and monitor protocols for the protection of children from violence, abuse and neglect Baseline: 0% Target: 100%	Service reports from MoSD and targeted governorates and wilayats (provinces)					

[1] UNICEF will advocate with NCSI to include this indicator as part of the next MICS and NHHS in 2017.

			signs and symptoms of child maltreatment and know where to seek help. 2.4 An integrated management information system is developed that tracks children at risk of or exposed to violence and those with special protection needs.				
Convention on the Rights of the Child: 2. Non-discrimination; 3. Best interests of the child; 4 Protection of rights; 18. Parental responsibilities; 19. Protection from violence; 23. Children with disabilities; 24. Health and health services; 28. Education **National priorities**: Expand centres for children with disabilities; Enhance social and family values for the upbringing and care of children with disabilities; Support their training and rehabilitation, and invest in their abilities in order to improve their quality of life. **Sustainable Development Goal targets**: Adopt nationally appropriate social protection systems (1.3, 10.4); Education facilities to provide a safe, inclusive learning environments (4.a); Promote social, economic and political inclusion (10.2); Promote non-discriminatory laws and policies (16.b)							
Related UNICEF Strategic Plan outcome(s): 1. Health; 5. Education; 6. Child protection; 7. Social inclusion							
Inclusion of children with disabilities **3.** By 2020, children with disabilities enjoy high-quality services that promote their inclusion in Omani society	3a. % of governorates that provide services for the early identification of developmental risks and counselling for children with disabilities Baseline: 10% Target: 50%	MoH reports	3.1 The intersectoral planning and conduct of early interventions for children with disabilities are strengthened, with focus on underserved areas and the most vulnerable children 3.2 A teacher training programme is developed and delivered to support the inclusion of children with disabilities in regular schools and curriculum 3.3 Families and service providers are able to recognize and accept the inclusion of children with disabilities in education and social services	Government MoSD, MoE, MoH, SCP, NCSI, The Research Council, State and Shura Councils Other Sultan Qaboos University, civil society organizations and networks	0	872	872
	3b. % of children with disabilities receiving specialized care or education services Baseline: 42%[2] Target: 80%	MoE reports					

[2] Estimate based on available data in the Situation Analysis. To be validated with MoE and NCSI.

			3.4 Evidence and analysis about the situation of children with disabilities are strengthened				
Programme effectiveness **4.** The country programme is efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children	4a. % of country programme results assessed annually as 'on-track' or 'achieved' Baseline: 0 Target: >80%	PMG reports	4.1 UNICEF staff and partners are provided guidance, tools and resources to effectively plan and monitor programmes 4.2 UNICEF staff and partners are provided tools, guidance and resources for effective advocacy and partnerships on child rights issues with stakeholders 4.3 Strategies to address cross-cutting issues related to child rights are developed and applied	PMG (MoSD, SCP, MoE, MoH, CSI, UNICEF)	0	856	856
	4b. # of rolling work plans (RWPs) finalized with partners by end March, bi-annually Baseline: 0 Target: 3	Actual signature of RWPs					
	4c. % PMG action points implemented within agreed time frame Baseline: 0 Target: >80%	PMG reports					
	4d. GoO satisfaction levels with technical assistance Baseline: 0 Target: 80%	Bi-annual qualitative assessment with GoO partners					
Total resources					**0**	**4 508**	**4 508**

* The baselines and targets are provisional, pending discussions with the Government of Oman about data availability and alignment with the National Five Year Plan 2016–2020.